










It's All Coming Together: Preparing to Enroll

	Audio	Visual
	<p>Opening: Introductory music.</p> <p>Stan Stovall: Host Hello, everybody. I'm Stan Stovall. Welcome to your Centers for Medicare and Medicaid Services and Volume 1, Issue 4 of Medicare Covers America. Medicare Covers America is a video magazine produced for communities who care about people with Medicare.</p> <p>Every other month, we join you from the centers for Medicare and Medicaid services to talk about a different part of our plan to improve and modernize Medicare. While each issue will have a different cover story, every issue will really be about the same things, helping you stay healthy, save money, and help others.</p> <p>Today we travel back to AARP headquarters in Washington, D.C., for part 2 of Medicare Administrator Mark McClellan's interview with Bill Novelli, the CEO of AARP.</p> <p>I'll be here to give you a quick preview of some of the helpful Medicare publications that will be available in September and October.</p> <p>And then we'll meet Mark Hamelburg, CMS's expert on how Medicare prescription drug coverage and your retirement benefits can work together to meet your needs.</p> <p>And finally, we will meet Health and Human Services Secretary Mike Leavitt. Secretary Leavitt has been crisscrossing the country to educate America about Medicare prescription drug coverage. He joins us to talk about a conversation he hopes we'll have this fall.</p>	    

	<p>We also have more of our "Partner Profiles," and we begin a new series of features, based on real decisions that people with Medicare will face this fall. See if our new "Medicare Profile" feature reminds you of someone you know.</p>	
2.	<p>Before moving to AARP, Bill Novelli was a pioneer in the field of social marketing. So, what is social marketing? Well, every time you see a message on TV that encourages you to get a flu shot, stop smoking, or register to vote, that is social marketing. It's applying modern mass-marketing techniques to education and outreach. Here's the advice Mr. Novelli gave Medicare.</p>	
	<p>William Novelli: Where we are going to have to basically say to people, think of this as insurance. You may not have high drug costs right now, but two or three years from now, you might, and so you should join this program. We need really direct, almost simplified information.</p> <p>We've got some literature like that. You do as well. And the most important thing, I think, is face-to-face contact. So we're going to be doing an awful lot of that. But still, it's going to be daunting, it's going to take a while for people to understand, adult children to enroll their parents. This is going to be a hard job.</p> <p>Dr. Mark McClellan: That's right, and that's a good reason to start early and to make it local.</p> <p>Novelli: There's a hard message to say to people, which is, if you have retiree coverage, you need to think about this anyway. And, of course, people don't want to hear that because they're very nervous about their retiree coverage. So we have a lot of educational work to do. And I think working together and with everybody else that's involved in this, we've just got to get out there and do it.</p>	 

Dr. Mark McClellan:

Well, that brings us to the next point about how we can do this educational work most effectively. And from my experience going around the country, has been that one of the most effective ways to reach seniors is to talk to them face-to-face, to enable them to hear about the drug coverage from people that they know at a senior center, from volunteers with advocacy groups, from AARP volunteers who are involved in a lot of the outreach efforts around new health programs.

What would you say to somebody who's thinking about helping with this kind of work, this kind of one-on-one outreach efforts to seniors so that they can take advantage of the new drug coverage?

Novelli:

I would say definitely do help. I don't think you can do anything that has more benefit for more people than being involved as a volunteer with this program and helping to educate and enroll people. Now, we're going to be training hundreds of volunteers, as well as our staff. So we're going to be doing an awful lot of outreach. And what we have found is that volunteers really want to get out there and educate. And I've been working on my dad to get him to understand this. It's good practice.

McClellan:

That's right, and I think everybody who's listening to us or watching the show today probably has a family member who's on Medicare or knows somebody who's on Medicare.

Any messages for them? Even if you're not going to be a volunteer, that will spend a lot of time helping seniors and people with a disability understand this coverage, there's probably something that most everybody can do for one of their loved ones.

Novelli:

Yeah, absolutely. I think this is a family enterprise. I mean, it's very important for every person who has an elder in their family to basically say, "Do you know about this?" "Have you done anything about this?" "Can I help you do it?" The other thing we haven't even talked about is all the other advantages of the new Medicare Act.



McClellan:

Mm-hmm.

Novelli:

The idea of a first-time physical, the chronic-disease management, all the things that you've been talking about and championing. Somehow we've got to find time to get those messages out as well.

McClellan:

Well, that's right. And this is all part of trying to turn Medicare into a program that puts just as much emphasis on prevention as it does on being there to help people if they need hospital care, if they need to go to a doctor.

And there have been a number of these new benefits that have come into the program this year. We've got new free coverage for diabetes screening, new free coverage for heart-disease screening, new help for people with chronic illnesses so that they can prevent the complications, just as you said.

How do we help people think about all this coming together, think about Medicare in a whole new way?

Novelli:

We both know that people appreciate these kinds of benefits. Prevention equals quality of life. And, of course, as a policy person, you know, we both know, that it also saves money. We don't need to talk to people about how much this is going to save the government. What we have to say to people is, "This can help you, and it can help your spouse." And so I think that's the message we need to work on.

McClellan:

Well, I'm looking forward to working with you on undertaking that effort and turning Medicare into a prevention-oriented program and seeing the seniors in this country become healthier as a result.



Novelli:





And we look forward to working with you.

McClellan:

Thank you very much for joining us, Bill.



	<p>Novelli: Thanks.</p>	
3.	<p>Stovall: Today, our first "Partner Profile" looks at a partner that's not as famous as AARP but that helps the people who help you.</p> <p>A. Bernice Hutchinson NASUA (National Association of State Units on Aging) represents the 57 state units on aging which are part of a very broad and complex community-based service system. Starting at the federal level, with the Administration on Aging, which funds state units on aging. State units on aging, in turn, fund area agencies on aging. And there is a local net of a wide range of services that include access services, in-home supportive services, advocacy, and community-based services.</p> <p>So that covers a lot. We have the opportunity to speak with people on the telephone through a vast information and referral program that operates in every corner of this country. We have an opportunity to touch people in senior centers, in day-care programs, through home-delivered meals. It's a wonderful pathway to the homes of people who can't get out and access information. And there are also skilled advocates that go into nursing facilities to look out for problems and issues and concerns of the residents.</p> <p>So I've given you just a snapshot, but this is a very vast and very comprehensive community-based service network, and so state units on aging and area agencies on aging are there to ensure that these community-based services are mapped out in a systemic way and are available in communities for people who need it.</p> <p>Our members are telling us that they are ready and that they have been ready, and they are anticipating larger numbers of telephone calls coming into the information and referral network. They are telling us that they are providing extra attention to the materials that they are developing and the community-education seminars and outreach opportunities that they are doing, which would typically be a part of what they do, but now they have an opportunity to bring a new message.</p>	 

	<p>And so all of the relationships that are at the state level and at the area-agency level, I think, have been pooled together, and everyone is working together to get information out in a variety of formats, because not everyone will reach it and receive it in the same way.</p> <p>So there will be opportunities in senior housing, apartments. There will be opportunities within churches, within civic organization meetings, and every corner of every community to reach older people, Medicare beneficiaries, but also the people that they care for most. So I think our network is definitely ready and anticipating the opportunity to help.</p>	
4	<p>Stovall: September and October are very important months for everyone with Medicare, but there are still some people who haven't heard about Medicare prescription drug coverage. There should be a lot fewer people in that category after September 25th.</p> <p>That's the Sunday Parade magazine will have this insert from Medicare. The Parade insert has a simple, direct explanation of the drug benefit, its importance for everyone with Medicare, and key dates and decisions coming up this fall.</p> <p>In October, the plans that have been selected to offer Medicare prescription drug coverage will begin their marketing. This marketing will be done under Medicare's guidelines.</p> <p>The insert will come out the weekend before that marketing starts, so when you see offers in the mail or on television, you then have a short list of ways you can make an informed and confident choice.</p>	  

- Understand how the coverage works and how it affects you, or someone you care for.
- Talk about this coverage and help each other out.
- Consider each plan carefully.
- Don't be shy about asking for help or more information.
- Pick a plan and sign up.

Now, you may have noticed that a lot of these steps are things you can do with your family, friends, or neighbors. And that's also true about the call for a national day of discussion to be held the day after Thanksgiving, November 25th of 2005. We hope you'll take advantage of your Thanksgiving family gathering to talk about Medicare prescription drug coverage.




Now, beginning October 1st, Medicare follows up with the mailing of Medicare & You 2006, and the important message this year is right on the cover, "It's different this year." So, what's different this year is that everyone with Medicare has to make a decision this year about prescription drug coverage.

What else is different? Well, this year, there's a short 4-page section called "Getting Started." This section gives you the basics about how the new drug coverage can work for you based on the type of coverage you currently have.

Now, even if you have been watching our broadcast and know all of this, flip to page 39 for more.



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	<p>Stovall: She checks with her clinic's pharmacy and enrolls in a Medicare prescription drug plan that contracts with the pharmacy and meets her needs.</p>	
6.	<p>Stovall: This fall, persons eligible for Medicare will be able to enroll in a Medicare prescription drug plan. But those of our viewers who do have retiree drug coverage may not need to enroll in a Medicare drug plan.</p> <p>We have asked Mark Hamelburg, director of the Employer Policy and Operations Group at the Center for Beneficiary Choices, and Barbara McGeoch, a principal with Mercer H.R. Consulting, to spend just a few minutes with us discussing what retirees will need to consider about their prescription drug coverage this fall.</p> <p>First of all, Mark, what steps will make this easier for retirees, this whole process?</p> <p>Mark Hamelburg: Well, Stan, the first thing is to keep an eye out for material they should be getting about their retiree drug coverage and to read it carefully. They should get this material from their employer or union. It should tell them how their drug coverage compares to the new Medicare drug benefit and how the two benefits may work together. This will help retirees understand their options and whether they need to do anything this fall when the enrollment period for the new Medicare drug benefit begins.</p> <p>Stovall: Are there any other things that they should consider and take into consideration?</p> <p>Hamelburg: Well, they should make sure to ask for help if they need it. If they have questions, they should visit their retiree plan's website or contact the office listed in the materials they receive, and, of course, ask family or friends for help if they need it.</p>	 

Stovall:

Any other steps to take?

Hamelburg:

Well, here's something they should not do. Don't rush to make a decision about whether to change their drug coverage. They can enroll in a Medicare drug plan at any time between November 15 of this year and May 15, 2006. They don't need to make a decision right away about whether to take that drug benefit, and we don't want them to do anything without understanding whether or how that choice could affect their retiree coverage. They should take the time to learn the facts that they need to make an informed choice that is right for them individually.

Stovall:

And how hard will it be to make this decision?

Hamelburg:

Well, Stan, for most people, it won't be too tough. One of their choices will be clearly better than the others. Let's say they have generous retiree drug coverage that's paid for mainly by their former employer or through a union plan. The drugs they currently take are generally covered. They're told by the former employer or union that their coverage compares favorably with the Medicare drug benefit. Most will probably pay less for prescription drugs if they just stay where they are, if they don't do anything new, and they don't enroll in a Medicare drug plan.

However, as I mentioned before, they need to check their plan materials. Confirm in fact, they don't have to do anything special this fall to keep that retiree coverage. And they still may just want to check out what types of Medicare drug plans are available in their area and the benefits they offer.

Now, if they can receive extra financial help from Medicare, enrolling in a Medicare drug plan very well might lower their out-of-pocket drug costs. But a word of caution. Their other retiree health benefits could be affected if they take the Medicare drug plan. Again, it's important, review the materials from their employer or union plan to see if that could happen.



Stovall:

All right, Mark. Thank you. Let me turn to Barbara now. Barbara, what should retirees do if they pay most or all of their premium for their current drug coverage, or if their coverage is not as good as Medicare?

Barbara McGeoch:

Well, for retirees who pay most or all of the premium for their current drug coverage, they'll generally pay the least for prescription drugs if they enroll in a Medicare drug plan instead of their current retiree drug coverage. So they might want to consider the Medicare drug benefit in addition to or in lieu of their employer or union coverage.

Now, for retirees who have employer or union prescription drug coverage that is not as good as the new Medicare drug benefit, they'll generally pay the least for prescription drugs by enrolling in a Medicare drug plan instead of their current prescription drug coverage. And if they don't enroll in a Medicare drug plan by May 15 of 2006, they might have to pay higher premiums if they choose to enroll later.

And finally, some retirees may have employer or union drug coverage that will only supplement the new Medicare drug benefits starting in 2006. So those retirees will have to enroll in the new Medicare coverage to get basic drug coverage.

Stovall:

I see.






Hamelburg:

Thanks, Barbara. If you don't mind, I'd just like to reiterate that the first and the best place to start planning for all of this for this fall is by carefully reviewing the information that they get from their employer or union about their retiree drug coverage. They want to know and will want to know for sure what their employer or union expects of them and whether delaying enrollment in a Medicare drug plan now could mean higher premiums later.

Stovall:

All right. Well, thank you very much, Mark and Barbara, for discussing these very important points with us today.



<p>7.</p>	<p>Firman: I'm Jim Firman, president of the National Council on the Aging, with a Medicare profile. Let's meet Betty.</p> <p>Stovall: Betty is a widow with Medicare Part "A" who gets her health care through insurance from where her husband used to work. Her insurance covers her prescriptions. Betty's insurance company let her know that the prescription drug coverage she has is, on average, at least as good as standard Medicare prescription drug coverage.</p> <p>Firman: What does Betty decide?</p> <p>Stovall: Betty decides to stay with the insurance from her husband's former employer, since it's less expensive and provides good coverage. She won't have to pay higher premiums if she decides to get a Medicare prescription drug plan later, after May 15 of 2006.</p>	  
<p>8.</p>	<p>Stovall: Today we are lucky to have the chance to talk with the Secretary of the Department of Health and Human Services, Mike Leavitt. Mike has been going from state to state, talking to people about Medicare prescription drug coverage. Last month, Mike was back in Washington to get some clean laundry and tape this message.</p> <p>Mike Leavitt: Medicare has been part of our lives for 40 years. That entire period, Medicare's been paying for people who had a heart ailment, sometimes \$100,000 or \$200,000 for a heart operation, but we haven't been willing or able to pay \$1,000 for prescription drugs that would prevent the heart attack. This is in fact, about creating wellness, not just treating sickness. It's a fundamental change in the way we think about health and the way people should think about Medicare.</p>	 

We are at the beginning of a grand American conversation. It's a conversation that will take place in tens of millions of settings. It will be a conversation between a daughter and her aging parents across a kitchen table on a Sunday evening. Or, it could be a pharmacist at a counter or a nurse at a community health center with people that they've dealt with for many years. All of them are going to be about the Medicare prescription drug benefit and how to choose the best plan for them. It just won't be one-on-one conversations. There will be information in the newspaper. There will be information on television, on the radio. There will be people talking about it at the senior center, at church. This will be a grand national conversation, and it will all begin in September and October.

The good news is people have a choice. They'll have an opportunity to choose a plan that fits them well. Anyone who's 65 years of age or older or who would be qualified for Medicare because of a disability are eligible for this benefit. And it's important that they buy it between November the 15th and May the 15th. That's the window of enrollment. After that, it will become more expensive.

A woman in Little Havana in Miami asked me the question, "Secretary," she said, "I'm very fortunate. I don't take any prescription drug medicines. I'm healthy. Do I need this plan?"

The answer is yes. She may be healthy today, but we never know about tomorrow, and this is an insurance product. It's the reason we buy insurance, to assure that if there's something seriously wrong where we have to buy prescription drugs and that could be a catastrophe for us financially; that we have that worry that has been so prevalent in the lives of many that their savings could be eroded, taken away.

That's what will happen with the 2006 prescription drug benefit, is that seniors will no longer have to worry about their savings being eroded because of prescription drug costs.






Early in October, eligible Americans will receive a new booklet called Medicare & You 2006. The Medicare & You handbook should be the catalyst for a discussion. It may be over the kitchen table, or it may be at a drugstore, could be at a community center. It will be used by many to sit down and to make a choice that's good for them on which plan suits them best. It will provide information that will be not just detailing the plan but the price and the way to go ahead and enroll.

Between October and May of 2006, information will be everywhere. It will be on television, it will be on the radio, you will read about it in the newspaper. When you go to the senior center, they'll be talking about it there. You go to the prescription drug counter, there will be information available there, the doctor's office, the community health clinic, friends will be talking about it. This is not going to be a matter that's hard to find information on. There will be lots of information. What we advise people is to find someone they care about, someone who cares about them, sit down and talk it through, and make a decision.

Families gather for Thanksgiving. I think it will be a perfect moment for children to sit with their parents and to discuss this very important choice they have to make. Part of the grand national conversation we're going to have about Medicare and prescription drugs. It's not just about a prescription drug benefit. It's about their health and about their well-being. It's a time of unity, a time for families to gather, a great time to have this conversation.

I have a very specific request to make of all of you. How many of you have a parent or a grandparent, an aunt, or an uncle, or a neighbor, someone that depends on you who would be qualified for Medicare? Almost all of you. I'd like to ask that you take care of your family first for two very important reasons. First, it will enroll people you care about in an important program. And second, you will learn about the program, and over the course of the next several months, you'll have many opportunities to help people that you care about make a decision that's very important to them.



<p>9.</p>	<p>Wayne Lindley: My name is Wayne Lindley, and I am the SHIP-HICAP director for the State of California with the California Department of Aging, and that is the health-insurance counseling program for Medicare beneficiaries in California.</p> <p>California can be rather unique in the sense that it's the largest state in the union. We have a huge population, five million beneficiaries. It's also a very diverse state culturally, linguistically. We have many, many communities, a lot of Asian populations that have grown up in the Los Angeles area and in the Bay area, a lot of Hmong, also Russian.</p> <p>So it's quite a challenge in California to be able to communicate and educate in a way that we can get into every hard-to-reach community.</p> <p>Like I say, it's historic; the opportunity to have this kind of a prescription drug benefit, and it's the first time this nation has done this for its Medicare population. I urge everybody to look into this. Our SHIP-HICAP counselors are the best, and if you need assistance in understanding, we're there. But by all means, pick up some literature, talk to your doctor, and take action on this. This is very important in everybody's life.</p>	
<p>10.</p>	<p>Stovall: We hope you'll join us for our next issue in November, when we hold our own version of the National Day of Discussion with several special guests. And if you'd like a second look at anything you saw today or if you're interested in downloading a Medicare calendar or a transcript of our broadcast, please visit cms.hhs.gov/cable or follow "Medicare Covers America" link on medicare.gov. And please check with your local cable company to get the time and the date to watch us next in your area.</p> <p>Until next time, on behalf of all of us at your Centers for Medicare and Medicaid Services, I'm Stan Stovall. Thanks for watching.</p> <p>END: Music and closing credits.</p>	 

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